

at any time up to 12:00 a.m. (midnight) in the sender's local time zone. Appeals submitted after that time will be considered "postmarked" on the next business day.

Documents submitted by e-mail can be in any widely used word processing format, such as Adobe Portable Document Format (PDF), Word or WordPerfect. The SLD will automatically reply to incoming e-mails to confirm receipt. You are advised to keep a copy of this e-mail confirmation for your records. This e-mail address can only be used for appeals.

- Appeals submitted by fax must be sent to **973-599-6542**. The fax transmission should include a cover sheet listing contact name, phone number, and — if available — an e-mail address. Fax transmissions will be considered "postmarked" on a business day if the complete transmission is sent from the sender's fax machine by any time up to 12:00 a.m. (midnight) in the sender's local time zone. Appeals submitted after that time will be considered "postmarked" on the next business day. You are advised to keep a copy of your fax confirmation sheet for your records.

II. For Appeals and Waiver Requests Filed Directly with the FCC

Please note that the FCC will usually dismiss an appeal if it is filed while the SLD is reviewing the same appeal from you. You can file an appeal with the FCC instead of the SLD or after the SLD has issued its decision on an appeal request.

A. How to prepare your letter of appeal or waiver request:

Follow the guidelines for preparing a letter of appeal contained in Section I, Part A above. In addition:

- Indicate CC Docket No. 02-6 on the first page of your appeal.
- If you are submitting a letter of appeal requesting review of a decision made by the SLD, please use the language "Request for Review" on the first page.
- If you are submitting a request for a waiver, please use the language "Request for Waiver" or "Waiver Request" on the first page.
- If you are alleging prohibitive conduct by a third party, there are additional rules for serving a copy on that third party and allowing them to respond. Consult 47 C.F.R. §54.721, which can be found in Title 47 of the Code of Federal Regulations.

B. How to submit your letter of appeal or waiver request:

1. Send letters of appeal and waiver requests to the following addresses:

- For items sent via United States Postal Services, including first-class mail, Express Mail, and Priority Mail, use the following address:

Federal Communications Commission
Office of the Secretary
445 - 12th Street, SW
Washington, DC 20554

- For items sent via other express delivery services, use the following address:

Federal Communications Commission
Office of the Secretary
9300 East Hampton Drive
Capitol Heights, MD 20743 (8:00 a.m. to 5:30 p.m. ET)

- For hand-delivered or messenger-delivered items, use the following address:

Federal Communications Commission
Office of the Secretary
236 Massachusetts Avenue, NE, Suite 110
Washington, DC 20002 (8:00 a.m. to 7:00 p.m. ET)

If you are hand-delivering or messenger-delivering your appeal, please note the following:

- Documents enclosed in envelopes will not be accepted. Any envelopes must be disposed of before entering the building. Hand deliveries must be held together with rubber bands or fasteners.
- If a request for confidential treatment is clearly indicated on the first page of the filing, the staff at the filing counter will enclose the filing in a Commission envelope labeled "confidential."

2. Appeals and waiver requests may also be submitted electronically, either by the Electronic Comment Filing System (ECFS) or by fax. The FCC recommends filing

with the ECFS to ensure timely filing.

- Instructions for using ECFS can be found on the ECFS page of the FCC web site.
- Items filed by fax must be faxed to **202-418-0187**. The fax transmission should include a cover sheet listing contact name, phone number, and — if available — an e-mail address. We recommend that you retain a copy of your fax confirmation sheet for your records.

Content Last Modified: August 4, 2003

Need help? You can contact us toll free at 1-888-203-8100.
Our hours of operation are 8AM to 8PM, Eastern Time, Monday through Friday.
Aware of fraud, waste, and abuse, report it to our Whistleblower Hotline!



Universal Service Administrative Company
Schools & Libraries Division

Form 472 (BEAR Form) Notification Letter

August 29, 2003

Julian Construction, LLC
Brandon Stallings
311 Winberry
Franklin, TN 37064

Re: Form 472 Invoice Number: 386096
Service Provider Identification Number: 143026238
Applicant Form 472 Identifier: CAHSBEAR3
Billed Entity Number: 128535

COAHOMA AGRI HIGH SCHOOL DIST
CAROL BORGOGNONI
3240 Friars Point Road
Clarksdale, MS 38614

Preferred Mode of Contact: E-mail at cborgognoni@mde.k12.ms.us
Total Amount of Reimbursement Approved for Payment: \$0.00

This letter is to notify you that the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC) has received and accepted a Form 472 from the above named applicant listing you as the service provider. The SLD has committed to reimburse the discounted portion of the cost of eligible services provided to eligible entities pursuant to one or more Forms 471. As stated in the Form 486 Notification Letter sent to you previously, the applicant has filed a Form 486 advising the SLD that service delivery has begun. The applicant has completed this Form 472 with your assistance, seeking reimbursement of the discounted portion of bills already paid in full to you since the effective date of the discount.

The SLD has processed the Form 472. Pursuant to the Service Provider Acknowledgment page of the Form 472 which you signed, you must remit to the applicant the amount shown as "Total Amount of Reimbursement Approved for Payment" above, no later than 10 calendar days after receipt of payment of the approved discounts from USAC. You also agreed not to tender or make use of the payment of the approved discounts issued by USAC to you prior to remitting the discount to the applicant.

The USAC check should be mailed to the service provider named above within 20 calendar days of the date of this letter.

To reimburse the "Total Amount of Reimbursement Approved for Payment," to the applicant, the service provider may (1) issue a check or (2) issue a credit to the applicant. The decision as to which form the reimbursement should take should be a mutual one between the service provider and the applicant.

The maximum remaining amount available for each Funding Request Number (FRN) listed on the synopsis on the following page(s) will be the original commitment less the amount approved herein for reimbursement and less any earlier disbursements to the applicant.

PLEASE NOTE: Beginning with Funding Year 2000 (07/01/2000 - 06/30/2001), if the first payment request processed for an FRN is on a Form 472, all subsequent payment requests for that FRN must be made on a Form 472; a Form 474 (Service Provider Invoice Form) for that FRN will not be accepted.

EXPLANATION OF INFORMATION PROVIDED IN THIS FORM 472 (BEAR FORM) NOTIFICATION LETTER

To help understand the Form 472 Notification Letter Applicant Reimbursement Synopsis the following definitions are provided.

Funding Request Number (FRN): A Funding Request Number is assigned by the SLD to each Block 5 of a Form 471 once an application has been processed. This number is used to report to applicants and service providers the status of individual discount funding requests submitted on a Form 471.

471 Application Number: A unique identifier assigned to a Form 471 by the SLD, from page 1 of the Form 471.

Funding Year: The funding year for which discounts have been approved. Funding years begin on July 1 and end on the following June 30. Funding years are designated by the calendar year in which they begin.

Contract Number: The contract or agreement number as identified in Block 5, Item 15 of the Form 471.

Funding Commitment Decision: This represents the TOTAL amount of funding that the SLD has reserved to reimburse the cost of the discounts for this service for the specified funding year.

Reimbursement Amount for this FRN: This is the amount of reimbursement to the applicant that has been approved for this FRN on this Form 472.

Reimbursement Request Decision Explanation (SHOWN ONLY IF RELEVANT): This is the reason(s) that a Reimbursement Request was reduced or rejected.

Schools and Libraries Division
Universal Service Administrative Company
CC: COAHOMA AGRI HIGH SCHOOL DIST

FORM 472 NOTIFICATION LETTER APPLICANT REIMBURSEMENT SYNOPSIS

Funding Request Number: 823440
471 Application Number: 314299
Funding Year : 07/01/2002 - 06/30/2003
Contract Number: N/A
Funding Commitment Decision: \$11911.50
Reimbursement Amount for this FRN: \$0.00
Reimbursement Request Decision Explanation:
Bill Date before Service Start Date;

Transmission Report

Date/Time
Local ID
Local Name
Company Logo

1- 8-04; 3:04PM
6626244315
CAHS CENTRAL OFFICE

This document was confirmed.
(reduced sample and details below)
Document Size Letter-S

Coahoma Agricultural High School
Carol Borgognoni
Technology Specialist
3240 Friars Point Road
Clarksdale, MS 38614
Phone 662-621-4260
Fax 662-624-4315
Email cborgognoni@mde.k12.ms.us

TO: SLD
Fax: 973-599-6542
From: Carol Borgognoni
Re: Appeal on Form 472 Notification Letter

I faxed this on 9-11-03 (which as I see today was not a good day!!) and I must have faxed it to the wrong number but no one called and let me know that it was the wrong number. Attached you will find the fax acknowledgment page and the original fax. It seems I must have faxed it to the FCC. Please let me know if I can still appeal this.

Total Pages Scanned : 4 Total Pages Confirmed : 4

No.	Doc	Remote Station	Start Time	Duration	Pages	Mode	Comments	Results
1	620	19735996542	1- 8-04; 3:02PM	1'23"	4/ 4	EC		CP 14.4

Notes :

EC: Error Correct
BC: Broadcast Send
CP: Completed
HS: Host Scan
HF: Host Fax

RE: Resend
MP: Multi-Poll
RM: Receive to Memory
HP: Host Print
HR: Host Receive

PD: Polled by Remote
PG: Polling a Remote
DR: Document Removed
FO: Forced Output
FM: Forward Mailbox Doc.

MB: Receive to Mailbox
PI: Power Interruption
TM: Terminated by user
WT: Waiting Transfer
WS: Waiting Send

Coahoma Agricultural High School

Carol Borgognoni

Technology Specialist

3240 Friars Point Road

Clarksdale, MS 38614

Phone 662-621-4260

Fax 662-624-4315

Email cborgognoni@mde.k12.ms.us

TO: SLD
Fax: 973-599-6542
From: Carol Borgognoni
Re: Appeal on Form 472 Notification Letter

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Transmission Report

Date/Time
Local ID
Local Name
Company Logo

9-11-03;11:34AM
6626244315
CAHS CENTRAL OFFICE

This document was confirmed.
(reduced sample and details below)
Document Size Letter-S

Coahoma Agricultural High School
Carol Borgognoni
Technology Specialist
3240 Friars Point Road
Clarksdale, MS 38614
Phone 662-621-4260
Fax 662-624-4315
Email cborgognoni@msde.k12.ms.us

TO: SLD
Fax: 202-418-0187
From: Carol Borgognoni
Re: Appeal on Form 472 Notification Letter

Total Pages Scanned : 2 Total Pages Confirmed : 2

No.	Doc	Remote Station	Start Time	Duration	Pages	Mode	Comments	Results
1	732	12024180187	9-11-03;11:33AM	51"	2 / 2	EC		CP 14.4

Notes :

EC: Error Correct	RE: Resend	PD: Polled by Remote	MB: Receive to Mailbox
BC: Broadcast Send	MP: Multi-Poll	PG: Polling a Remote	PI: Power Interruption
CP: Completed	RM: Receive to Memory	DR: Document Removed	TM: Terminated by user
HP: Host Print	FO: Forced Output	WT: Waiting Transfer	
HR: Host Receive	FM: Forward Mailbox Doc.	WS: Waiting Send	

FAX SERVER

80 South Jefferson Road
Whippany, New Jersey 07981
Fax: 973-884-8470

FAX TRANSMISSION COVER SHEET

To: Carol_Borgognoni
Fax: 16626248045
Subject: E-Rate Funding Year 5 - Invoicing
From: Theresa Patey
Date: September 11, 2003
Time: 1:45:28 PM

YOU SHOULD RECEIVE 3 PAGE(S), INCLUDING THIS COVER SHEET. IF YOU DO NOT
RECEIVE ALL THE PAGES, PLEASE CALL THE CONTACT SPECIFIED
BELOW OR 973-884-8000.

Ms. Carol Borgognoni:

RE: 471 Application No. 313341 Coahoma Agri High School District - Invoice No. 386093 - Your
Invoice No. CAHSBEAR2 - FRN No. 820443

As discussed this afternoon, I am in the process of reviewing your 471 Application No. 313341
Coahoma Agri High School District - Invoice No. 386093 - Your Invoice No. CAHSBEAR2 - FRN
No. 820443

In order to complete my review I require the following information:

Please provide a copy of the Vendor Invoice supporting the request and description of work
performed. Only the summary pages of the service provider bills are needed. If there are more
than 20 bills, follow the following instructions:

- (1) Provide spreadsheet listing all service provider bills. At minimum the spreadsheet must

Privilege and Confidentiality Notice

The information in this telecopy is intended for the named recipients only. It may contain information that is privileged, confidential or
otherwise protected from disclosure. If you are not the intended recipient, you are hereby notified that any disclosure, copying,
distribution, or the taking of any action in reliance on the contents of this telecopied material is strictly prohibited. If you have received
the telecopy in error, please notify us by telephone immediately and mail the original to us at the above address. Thank you.

extremely large, then please supply us with at least two bills representative of the items on the summary sheet and then complete and sign the attached form attesting to the services eligibility. Please fax the requested information to my attention.

It is important that we receive all of the information requested so we can complete our review. Failure to do so may result in a reduction or denial of funding. If you have any questions please feel free to contact me (Email is the best way to contact us due to the heavy volume of phone calls received and equally as heavy volume of invoices coming into the program).

If we do not receive the information within seven calendar days (due no later than next Tuesday, August 26, 2003), your application will be reviewed using the information currently on file.

Thank you for cooperation and continued support of the Universal Service Program.

Sincerely,
Gregory Kostyak
Invoicing Dept., Schools and Libraries Division
Fax # 973-599-6565
Phone. 973-581-6719
E-mail - GKostya@SL.UniversalService.org

Transmission Report

Date/Time
Local ID
Local Name
Company Logo

9-11-03; 1:36PM
6626244315
CAHS CENTRAL OFFICE

This document was confirmed.
(reduced sample and details below)
Document Size Letter-S

Coahoma Agricultural High School
Carol Borgognoni
Technology Specialist
3240 Friars Point Road
Clarksdale, MS 38614
Phone 662-621-4260
Fax 662-624-4315
Email cborgognoni@mds.k12.ms.us

TO: Terry Patey
Fax: 973-599-6539
From: Carol Borgognoni
Re: 471 application No. 313341
Invoice No. 388093
CAHSBEAR2
FRN NO. 820443

Total Pages Scanned : 4 Total Pages Confirmed : 4

No.	Doc	Remote Station	Start Time	Duration	Pages	Mode	Comments	Results
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